

PTO/SB/08a (07-09)

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Substitute for form 1449/PTO		Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)		Application Number	10/591,426
		Filing Date	06-13-2007
		First Named Inventor	K. Matyjaszewski
		Art Unit	1796
		Examiner Name	M. Bernshteyn
Sheet	1	of	20
		Attorney Docket Number	050096PCTUS

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number - Kind Code ² (if known)			
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Examiner Signature	/Michael Bernshteyn/ (10/20/2010)	Date Considered	10/20/2010
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Sheet 2 of 20	Attorney Docket Number	050096PCTUS	

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Substitute for form 1449/PTO				<div>Complete if Known</div> <div>Application Number 10/591,426</div> <div>Filing Date 06-13-2007</div> <div>First Named Inventor K. Matyjaszewski</div> <div>Art Unit 1796</div> <div>Examiner Name M. Bernshteyn</div> <div>Attorney Docket Number 050096PCT/US</div>	
<div>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</div> <div>(use as many sheets as necessary)</div>					
Sheet	7	of	20		

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		First Named Inventor	K. Matyjaszewski
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		Examiner Name	M. Bernshteyn
Sheet	8	of	20
		Attorney Docket Number	050096PCTUS

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		Filing Date	06-13-2007
		First Named Inventor	K. Matyjaszewski
		Art Unit	1796
		Examiner Name	M. Bernshteyn
Sheet	14	of	20
		Attorney Docket Number	050096PCTUS

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		Attorney Docket Number	050096PCTUS
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INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>					
Sheet	20	of	20		

[illegible]

Examiner Signature	/Michael Bernshteyn/ (10/20/2010)	Date Considered	10/20/2010
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TO THIS ADDRESS: SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /M.B./